



DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities



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Testimony

Before the Appropriations, Public Health and Human Services Committees

Regarding the 2009 Federal CMHS Block Grant

September 22, 2008

Good morning distinguished members of the Appropriations, Public Health and Human Services Committees. My name is Susan Hamilton and I am the Commissioner of the Department of Children and Families.

I thank you for the opportunity to present to you the Department's proposed 2009 Spending Plan for the children's portion of the Federal Community Mental Health Services Block Grant. The Department proposes to use the funds from this Block Grant congruently with its vision for a comprehensive community-based behavioral health service system for children and their families.

DCF has been partnering with the Department of Mental Health and Addiction Services through the Mental Health Block Grant and the Mental Health Transformation State Incentive Grant. , For example, through the Mental Health Transformation State Incentive Grant, implementation of a Community-Based Wrap-Around Model for youth involved with the juvenile justice system is now underway in two communities. This will be complemented by workforce development and training initiatives, funded through the Mental Health Block Grant. These federal dollars are an integral part of creating a transformed behavioral health system in Connecticut that results in positive outcomes and allows children to realize their fullest potential.

In addition, DCF and the Department of Social Services have implemented the Administrative Services Organization (ASO) and the Connecticut Behavioral Health Partnership (BHP) as a means to provide quality care for children with mental health needs. The services and supports under the Block Grant are important components of the foundational elements that DCF and the BHP have embraced through the System of Care model, which is to maintain children with serious emotional disturbances in their homes and communities through local coordination of care, and improved quality and access to services.

In collaboration with the fifteen (15) DCF Area Offices, community providers, state agencies and families, the Department is working to ensure that children and their families receive the care and services that they need. Similar to years past, the Block Grant continues to provide families with access to local, community-based services and supports that have typically been unavailable through traditional, categorical funding models.

Consonant with the Department's goals, DCF proposes to use the FFY 2009 Block Grant, in the amount of \$ 2,131,508 to support the following services and activities:

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- Family Advocacy Services - \$ 467,300

This service provides support, guidance and educational resources to families caring for a child or youth with mental health needs. Family advocacy assists parents with accessing and effectively participating in services that aid in maintaining their children in the home and the community. This service is an integral part of advancing an outcome oriented behavioral health agenda that is based upon family strengths. The proposed 2009 allocation will support the consortium of diverse family advocacy organizations to aid service and system development including local, grass-root family advocacy efforts. The reduction in block grant support for this item is reflective of a reallocation of State funds and does not represent a reduction in overall support for this activity.

- Respite for Families - \$425,992

This program is a vital community-based service that supports children receiving behavioral health care in their community. Respite offers families temporary relief from the continuous care of a child with serious emotional disturbance and provides opportunities for age appropriate social and recreational activities.

- System of Care Workforce Development/Training - \$150,000

This allocation is targeted to assist with ensuring accountable, quality services, particularly as it relates to the provision of community-based care for children. These funds support activities that maintain and/or enhance providers' competencies and allow for the implementation of family-centered, strengths-based behavioral health care practices. During 2009, the Department is seeking to enhance the work of the 25 local System of Care Community Collaboratives by offering technical assistance, infrastructure support, training and consultation to Care Coordinators and other stakeholders, and leadership development for family advocates and caregivers.

- Extended Day Treatment: Model Development and Training - \$171,525

The Department is implementing a standardized, clinically effective model of care in Extended Day Treatment (EDT) programs across the state. EDT is an essential component within the continuum of care for emotionally troubled children, adolescents and their families. It provides a less expensive alternative to inpatient services and maintains participants in the least restrictive family-based setting. The Department plans to provide a 9-month Engaging Families in Services Learning Collaborative with a focus on research-based family engagement protocols and Multiple Family Groups training. The purposes are to increase family participation in programming and to equip families and other caregivers with knowledge and techniques to improve family relationships and child/adolescent functioning. Also, the Department will sponsor therapeutic recreation training, Project Joy for two team leaders from each program site and will provide a trauma-focused, relational therapeutic approach to treatment through the Risking Connection training curriculum for all team members.

- Dialectical Behavior Therapy Trauma Initiative - \$406,191

The Department recognizes that many of the children that it serves have some history of trauma. As a means to assist our providers to better understand the impact of trauma on behavior, and to support staff, both line and clinical personnel, to better manage children with behavioral and

affective control issues, DCF will be completing the third year of an extensive trauma training initiative for congregate care and state facilities providers. This funding represents third year costs associated with this training.

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaborative - \$400,000

Many clients who are served at outpatient psychiatric clinics for children have experienced significant trauma and will benefit from this well-researched, clinic-based, short-term treatment modality. Through contract with the Connecticut Center for Effective Practice as the Coordinating Center to oversee this initiative, a maximum of six outpatient clinics, each having an 8 to 10 person core team will be selected to participate in the 12-month Learning Collaborative. The purpose of this training is to increase access to and availability of trauma-specific, evidence-based treatments for Connecticut's children, youth and families. This funding represents second year costs associated with this training. Funding for the first year of this activity was funded through State General Fund Appropriations.

- Youth Suicide Prevention/Mental Health Promotion - \$ 50,000

These funds are targeted to support important prevention and early intervention efforts in the community. Suicide prevention training, and proposed school or other community-based programming that targets at risk youth are projects that will be occurring with these dollars. These funds supplement state funds that the Department has committed to assist with Connecticut's youth suicide prevention initiative.

- Multiculturalism Development/Enhancement - \$ 20,000

This allocation is a component of DCF's broader commitment to ensuring access to quality, linguistically and culturally competent care. These funds will be used to aid local communities in delivering culturally appropriate services for Connecticut's diversity of children and families. As in the past, these funds have supported skill enhancement and knowledge development activities for families, community providers and DCF staff.

- Other Connecticut Community KidCare - \$ 40,500

These funds support the involvement of community stakeholders in strategic planning, implementation and assessment of the system of care. An example includes convening the stakeholders to assess the status of community-based outpatient behavioral health care in Connecticut and to develop recommendations for innovative solutions. Further, congruent with federal legislation that requires review of the state's Mental Health Block Grant by Connecticut's Mental Health Planning Council (Planning Council), the Department proposes to use a modest amount of funding to support their activities. In particular, these dollars are identified to support the convening of the Planning Council meetings, and allow for broader, diversified participation into the service planning and Mental Health Block Grant review activities of the Council.

TOTAL - \$2,131,508

In closing, congruent with the federal mandate to "transform" the state's mental health system and create a comprehensive care agenda, these funds are incorporated into the Department's overarching strategy and vision for a broad array of quality, accountable, family-centered and

culturally competent services for children with complex behavioral health needs and their families. The services and activities funded through the Mental Health Block Grant are integral to the Department's ongoing efforts to reduce reliance on residential levels of care and augment the continuum of services available to state-funded outpatient providers.

The FFY 2009 allocations for the Mental Health Block Grant will join with state funding to augment the activities of existing community-based services, the Community Collaboratives, the CT Behavioral Health Partnership, and the workgroups under the Mental Health Transformation State Incentive Grant to create an integrated system of care for Connecticut children with serious emotional disturbance and their families. The Department thanks the General Assembly for its vision for behavioral health care in Connecticut, and its continued support to DCF in implementing this important mandate.

Thank you again for the opportunity to provide this testimony. I would be happy to answer any questions that you may have.